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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/594,463</td> </tr> <tr> <td>Filing Date</td> <td>April 18, 2008</td> </tr> <tr> <td>First Named Inventor</td> <td>Michael FEE</td> </tr> <tr> <td>Title</td> <td>COMPOSITE SUPERCONDUCTOR CABLE PRODUCED BY TRANSPOSING</td> </tr> <tr> <td>Art Unit</td> <td>2831</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>105987.0783</td> </tr> </table>	Application Number	10/594,463	Filing Date	April 18, 2008	First Named Inventor	Michael FEE	Title	COMPOSITE SUPERCONDUCTOR CABLE PRODUCED BY TRANSPOSING	Art Unit	2831	Examiner Name	Not Yet Assigned	Attorney Docket No.	105987.0783
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<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p>															
<p><input type="checkbox"/> A Power of Attorney is submitted herewith. OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">27557</div> </div> <p>OR</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;">Practitioner(s) Name</th> <th style="width: 10%;">Registration Number</th> <th style="width: 40%;">Practitioner(s) Name</th> <th style="width: 10%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR</p> <p><input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p>															
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<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor. OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p>															
SIGNATURE OF Applicant or Assignee of Record															
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<p>Title and Company <span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px; vertical-align: middle;"></span></p>															
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>															
<p><input type="checkbox"/> Total of <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> forms are submitted.</p>															